



P-EBT Issuance Form

PARENT INFORMATION REQUIRED

I, certify under penalty of perjury that I completed the information truthfully and acknowledge that I am the registered parent/guardian for the children listed on the student information section below. PLEASE PRINT CLEAR ENOUGH TO READ.

Parent/Guardian (First and Last Name)	Signature	Telephone Number(s)

PLEASE COMPLETE THE STUDENT INFORMATION BELOW			TO BE COMPLETED BY VALIDATION STAFF	TO BE COMPLETED BY DISTRIBUTION STAFF
Last Name, First Name, MI	Date of Birth	Name of School	Case Number	EBT Card Number
1				
2				
3				
4				
5				
6				

For Official Use Only by Validation Staff! Type of ID: (check one) – **PLEASE INDICATE THE ID NUMBER BELOW:**

Driver's License
 Guam ID
 Military ID
 Passport (Indicate which country)
 Other (specify)

ID NUMBER:

Validation Staff Completing this Form	Signature	Date

QUESTIONS/CONCERNS FOR TROUBLESHOOTING TEAM (IF APPLICABLE)

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ACTION TAKEN BY TROUBLESHOOTING TEAM (IF APPLICABLE)

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Troubleshooting Staff Completing this Form	Signature	Date

DISTRIBUTION TEAM

Distribution Staff Completing this Form	Signature	Date

I, hereby acknowledge below that I received a total of _____ PEBT Cards:

Parent/Guardian's Signature	Date